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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/549,753			ing Date 21/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), (i)		N/A		N/A			N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	iE	N/A		N/A			N/A		1	N/A		
	ΓAL CLAIMS CFR 1.16(i))		minus 20 =		*		l	x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		*			X \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	If the specification and draw sheets of paper, the application is \$250 (\$125 for small entity additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each thereof. See							
	MULTIPLE DEPEN	IDENT CLAIM PR	7 CFR 1.16(j))										
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =		
嶌	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	X \$ =		
ΑMI	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2		(Column 3)						_	
	12/01/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBEF PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z U	Total (37 CFR 1.16(i))	* 6	Minus	** 20		= 0		x \$ =		OR	X \$52 =	0	
AMENDMENT	Independent (37 CFR 1.16(h))	* 1	Minus	*** 3		= 0		x \$ =		OR	X \$220 =	0	
	Application Size Fee (37 CFR 1.16(s))												
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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